

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

ADDRESS (number and street) ▼

2831 Lone Oak Road

☐ Check if different than previously reported. (ACC)

Paducah

KY

42003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00351197

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Laxmaiah Manchikanti

Signature of Treasurer

Laxmaiah Manchikanti

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y 12 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		270918.90
(b) Cash on Hand at Beginning of Reporting Period.....	294547.39	
(c) Total Receipts (from Line 19)	71313.46	156192.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	365860.85	427111.14
7. Total Disbursements (from Line 31)	66013.87	127264.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	299846.98	299846.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 / 01 / 2011

To:

 M M / D D / Y Y Y Y Y
 12 / 31 / 2011
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

57076.28

128233.93

(ii) Unitemized

1750.00

5053.66

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

58826.28

133287.59

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

58826.28

133287.59

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

12487.18

22904.65

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

71313.46

156192.24

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

71313.46

156192.24

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	19013.87	27264.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	19013.87	27264.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47000.00	100000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	66013.87	127264.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66013.87	127264.16

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	58826.28	133287.59
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58826.28	133287.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	19013.87	27264.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	19013.87	27264.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Ajay Aggarwal MD

Mailing Address 4525 Teas St.

City
Bellaire

State
TX

Zip Code
77401

FEC ID number of contributing
federal political committee.

C

Name of Employer

AATX ABC MDPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

11 / 08 / 2011

Transaction ID : SA11AI.9898

Amount of Each Receipt this Period

251.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ajay Aggarwal MD

Mailing Address 4525 Teas St.

City
Bellaire

State
TX

Zip Code
77401

FEC ID number of contributing
federal political committee.

C

Name of Employer

AATX ABC MDPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.00

Date of Receipt

12 / 28 / 2011

Transaction ID : SA11AI.9958

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

C. Eduardo Anguizola MD

Mailing Address 1401 N Tustin Ave
Suite 140

City
Santa Ana

State
CA

Zip Code
92705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

07 / 06 / 2011

Transaction ID : SA11AI.9857

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1116.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Eduardo Anguizola MD

Mailing Address 1401 N Tustin Ave
Suite 140

City State Zip Code
Santa Ana CA 92705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1865.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2011

Transaction ID : SA11AI.9925

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

B. Cyrus Bakhit MD

Mailing Address 5417 Villiage Run

City State Zip Code
Roanoke VA 24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pain Management Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SA11AI.9970

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Richard Belatti MD

Mailing Address 9853 Harney Parkway So.

City State Zip Code
Omaha NE 68114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Medical Pain Center PC

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2011

Transaction ID : SA11AI.9907

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Ramsin Benjamin MD

Mailing Address 5 Mallard Ct.

City State Zip Code
Blommington IL 61704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Millennium Pain Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 30 2011

Transaction ID : SA11AI.9964

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jeffrey Berg MD

Mailing Address 12206 Lucas Lane

City State Zip Code
Louisville KY 40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 08 2011

Transaction ID : SA11AI.9908

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mark Boswell MD, PhD

Mailing Address 4604 101st Street

City State Zip Code
Lubbock TX 79423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Tech University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 30 2011

Transaction ID : SA11AI.9965

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Mark Clark, MD

Mailing Address 3735 Norton Hills Road

City State Zip Code
Norton Shores MI 49441

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAP Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2011

Transaction ID : SA11AI.9899

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. John Culclasure MD

Mailing Address 3325 Love Circle

City State Zip Code
Nashville TN 37212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nerosurgical Assc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2011

Transaction ID : SA11AI.9864

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

c. John Culclasure MD

Mailing Address 3325 Love Circle

City State Zip Code
Nashville TN 37212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nerosurgical Assc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2011

Transaction ID : SA11AI.9873

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. John Culclasure MD

Mailing Address 3325 Love Circle

City

Nashville

State

TN

Zip Code

37212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nerosurgical Assc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2011

Transaction ID : SA11AI.9880

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

B. John Culclasure MD

Mailing Address 3325 Love Circle

City

Nashville

State

TN

Zip Code

37212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nerosurgical Assc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2011

Transaction ID : SA11AI.9888

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

c. John Culclasure MD

Mailing Address 3325 Love Circle

City

Nashville

State

TN

Zip Code

37212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nerosurgical Assc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 27 / 2011

Transaction ID : SA11AI.9943

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. John Culclasure MD

Mailing Address 3325 Love Circle

City

Nashville

State

TN

Zip Code

37212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nerosurgical Assc.

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2011

Transaction ID : SA11AI.9954

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bart Edminston MD

Mailing Address 1816 Shelby Lane

City

Ocean Springs

State

MS

Zip Code

39564

FEC ID number of contributing
federal political committee.

C

Name of Employer

River Hospital System

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 12 / 2011

Transaction ID : SA11AI.9953

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Richard Epter MD

Mailing Address P.O. Box 211839

City

Augusta

State

GA

Zip Code

30917

FEC ID number of contributing
federal political committee.

C

Name of Employer

Augusta Pain Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2011

Transaction ID : SA11AI.9865

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Richard Epter MD

Mailing Address P.O. Box 211839

City State Zip Code
 Augusta GA 30917

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Augusta Pain Center

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

08 / 27 / 2011

Transaction ID : SA11AI.9874

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Richard Epter MD

Mailing Address P.O. Box 211839

City State Zip Code
 Augusta GA 30917

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Augusta Pain Center

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

09 / 27 / 2011

Transaction ID : SA11AI.9881

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Richard Epter MD

Mailing Address P.O. Box 211839

City State Zip Code
 Augusta GA 30917

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Augusta Pain Center

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

10 / 27 / 2011

Transaction ID : SA11AI.9889

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Frank Falco MD

Mailing Address 108 Woodale Drive

City State Zip Code
Kennett Square PA 19348

FEC ID number of contributing federal political committee.

C

Name of Employer

Mid-Atlantic Pain

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2011

Transaction ID : SA11AI.9868

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mayo Friedlis MD

Mailing Address 3031 Javier Road
#100

City State Zip Code
Fairfax VA 22031

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2011

Transaction ID : SA11AI.9861

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jon Geffen MD

Mailing Address 1515 Martin Luther King Jr. Way

City State Zip Code
Tacoma WA 98405

FEC ID number of contributing federal political committee.

C

Name of Employer

Puget Sound Spine Institute

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2011

Transaction ID : SA11AI.9922

Amount of Each Receipt this Period

365.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10365.00

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Scott Glaser MD

Mailing Address 134 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Spec.of Greater Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2011

Transaction ID : SA11AI.9862

Amount of Each Receipt this Period

304.16

Contribution

Full Name (Last, First, Middle Initial)

B. Scott Glaser MD

Mailing Address 134 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Spec.of Greater Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2011

Transaction ID : SA11AI.9871

Amount of Each Receipt this Period

304.16

Contribution

Full Name (Last, First, Middle Initial)

C. Scott Glaser MD

Mailing Address 134 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Spec.of Greater Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2011

Transaction ID : SA11AI.9883

Amount of Each Receipt this Period

304.16

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

912.48

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Scott Glaser MD

Mailing Address 134 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Spec.of Greater Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1216.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2011

Transaction ID : SA11AI.9890

Amount of Each Receipt this Period

304.16

Contribution

Full Name (Last, First, Middle Initial)

B. Scott Glaser MD

Mailing Address 134 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Spec.of Greater Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 27 / 2011

Transaction ID : SA11AI.9944

Amount of Each Receipt this Period

304.16

Contribution

Full Name (Last, First, Middle Initial)

C. Scott Glaser MD

Mailing Address 134 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Spec.of Greater Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2011

Transaction ID : SA11AI.9955

Amount of Each Receipt this Period

304.16

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

912.48

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Steven Granberg MD

Mailing Address 16011 Forest Lawn Court

City State Zip Code
 St. Louis MO 63128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Millennium Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 12 / 2011

Transaction ID : SA11AI.9877

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. William Jones MD

Mailing Address 165 North village Avenue, suite 5

City State Zip Code
 Rockville NY 11570

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockville Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

09 / 29 / 2011

Transaction ID : SA11AI.9884

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

C. Todd Joye MD

Mailing Address 825 Fiddlers Point Lane

City State Zip Code
 Mt. Pleasant SC 29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anest Assoc of Charleston

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 28 / 2011

Transaction ID : SA11AI.9959

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Laurie Kabins MD

Mailing Address 6308 8th Avenue

City

Kenosha

State

WI

Zip Code

53143

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2011

Transaction ID : SA11AI.9913

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Magdalene Kerschner MD

Mailing Address 3441 Ivy Hills Blvd.

City

Cincinnati

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2011

Transaction ID : SA11AI.9866

Amount of Each Receipt this Period

166.66

Contribution

Full Name (Last, First, Middle Initial)

c. Magdalene Kerschner MD

Mailing Address 3441 Ivy Hills Blvd.

City

Cincinnati

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2011

Transaction ID : SA11AI.9875

Amount of Each Receipt this Period

166.66

Contribution

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TOTAL This Period (last page this line number only)..... ►

833.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sayeed Khan

Mailing Address 1927 Stonycroft Lane

City State Zip Code
Bloomfield Hills MI 48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Doloran Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2011

Transaction ID : SA11AI.9900

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

B. David Kloth MD

Mailing Address 4 Old Bedow Mountain Road

City State Zip Code
Ridgehold CT 00877

FEC ID number of contributing
federal political committee.

C

Name of Employer

Connecticut Pain Care, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2011

Transaction ID : SA11AI.9923

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Scott Kowalski MD

Mailing Address 22453 Reversey

City State Zip Code
Saint Clair Shores MI 48080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Detroit Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2011

Transaction ID : SA11AI.9916

Amount of Each Receipt this Period

365.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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5730.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Jonathan Kuo MD

Mailing Address 75 Wall Street

City
New York

State Zip Code
NY 10005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 22 / 2011

Transaction ID : SA11AI.9942

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

B. Benjamin Lampert MD

Mailing Address 4367 E. Bogey Ct.

City
Springfield

State Zip Code
MO 65809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

St. John's Physicians

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

11 / 21 / 2011

Transaction ID : SA11AI.9931

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ronald Laub MD

Mailing Address 3405 Muirfield Dr.

City
Colorado Springs

State Zip Code
CO 80907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2011

Transaction ID : SA11AI.9870

Amount of Each Receipt this Period

500.00

Contribution

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1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Anthony LoMonaco DO

Mailing Address 104 Cedar Road North

City

Medford

State

MA

Zip Code

02155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beverly Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 22 / 2011

Transaction ID : SA11AI.9935

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

B. Edward Magaziner MD

Mailing Address 2186 Route 27

City

New Brunswick

State

NJ

Zip Code

08902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

385.00

Date of Receipt

11 / 08 / 2011

Transaction ID : SA11AI.9917

Amount of Each Receipt this Period

385.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ben Parish MD

Mailing Address 600 West Las Olas Blvd.

City

Ft. Lauderdale

State

FL

Zip Code

33312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 15 / 2011

Transaction ID : SA11AI.9929

Amount of Each Receipt this Period

365.00

Contribution

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TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bharat Patel MD

Mailing Address 4091 Tradewinds Trail

City State Zip Code
Merritt Island FL 32953

FEC ID number of contributing federal political committee.

C

Name of Employer
Millennium Management Manag.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SA11AI.9971

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

B. Elmer Pinzon MD

Mailing Address 1300 Watersong Lane

City State Zip Code
Knoxville TN 37922

FEC ID number of contributing federal political committee.

C

Name of Employer
University Spine and Sports

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2011

Transaction ID : SA11AI.9924

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Michael Poss MD

Mailing Address 1818 Amherst Street

City State Zip Code
Winchester VA 22601

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2011

Transaction ID : SA11AI.9858

Amount of Each Receipt this Period

2000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2865.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Kenneth Powell MD

Mailing Address 301 E. Bay Street

City

Jacksonville

State

FL

Zip Code

32202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2011

Transaction ID : SA11AI.9901

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. David Provenzano MD

Mailing Address 702 Augusta Drive

City

Bridgeville

State

PA

Zip Code

15017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2011

Transaction ID : SA11AI.9918

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

c. Abdul Qadir MD

Mailing Address 28 Crossing Drive

City

Linwood

State

NJ

Zip Code

28221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		12		2011

Transaction ID : SA11AI.9878

Amount of Each Receipt this Period

365.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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1165.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Francis Riegler MD

Mailing Address 3827 Castlerock Rd.

City State Zip Code
 Malibu CA 90265

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Universal Pain Mgmt.

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 27 2011

Transaction ID : SA11AI.9867

Amount of Each Receipt this Period

167.00

Contribution

Full Name (Last, First, Middle Initial)

B. Francis Riegler MD

Mailing Address 3827 Castlerock Rd.

City State Zip Code
 Malibu CA 90265

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Universal Pain Mgmt.

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 27 2011

Transaction ID : SA11AI.9876

Amount of Each Receipt this Period

167.00

Contribution

Full Name (Last, First, Middle Initial)

C. Francis Riegler MD

Mailing Address 3827 Castlerock Rd.

City State Zip Code
 Malibu CA 90265

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Universal Pain Mgmt.

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1169.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 27 2011

Transaction ID : SA11AI.9882

Amount of Each Receipt this Period

167.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

501.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Francis Riegler MD

Mailing Address 3827 Castlerock Rd.

City State Zip Code
 Malibu CA 90265

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Universal Pain Mgmt.

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 27 / 2011

Transaction ID : SA11AI.9891

Amount of Each Receipt this Period

167.00

Contribution

Full Name (Last, First, Middle Initial)

B. Francis Riegler MD

Mailing Address 3827 Castlerock Rd.

City State Zip Code
 Malibu CA 90265

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Universal Pain Mgmt.

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 27 / 2011

Transaction ID : SA11AI.9945

Amount of Each Receipt this Period

167.00

Contribution

Full Name (Last, First, Middle Initial)

C. Francis Riegler MD

Mailing Address 3827 Castlerock Rd.

City State Zip Code
 Malibu CA 90265

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Universal Pain Mgmt.

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1670.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 27 / 2011

Transaction ID : SA11AI.9956

Amount of Each Receipt this Period

167.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

501.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Greg Ruhland MD

Mailing Address 80 Pauahi Street
Suite 104

City State Zip Code
Hilo HI 96720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2011

Transaction ID : SA11AI.9887

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Dr. Francis Saldanha MD

Mailing Address 4507 Staunton Avenue

City State Zip Code
Charleston WV 25304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 22 / 2011

Transaction ID : SA11AI.9936

Amount of Each Receipt this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Morris Scherlis MD

Mailing Address 3103 Providence Point
SE

City State Zip Code
Owens Cross Roads AL 35763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.9932

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Dr. David Schultz

Mailing Address 5950 Ridge Road

City

Shorewood

State

MN

Zip Code

55331

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAPS

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2011

Transaction ID : SA11AI.9960

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Vijay Singh MD

Mailing Address 1601 Roosevelt Road

City

Niagra

State

WI

Zip Code

54151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Diagnostic Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SA11AI.9966

Amount of Each Receipt this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. David Spight

Mailing Address 1190 Academic Way

City

Haslett

State

MI

Zip Code

48840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2011

Transaction ID : SA11AI.9947

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Timothy Staacke MD

Mailing Address 14121 Evans Lane

City State Zip Code
Sturtevant WI 53177

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 30 2011

Transaction ID : SA11AI.9969

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Marvin Tark MD

Mailing Address 400 Tower Road North East Ste 350

City State Zip Code
Marietta GA 30060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 08 2011

Transaction ID : SA11AI.9902

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Michael Trimba MD

Mailing Address 2417 Ocean Avenue

City State Zip Code
Brooklyn NY 11229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Pain Care Medical PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 12 2011

Transaction ID : SA11AI.9894

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Timothy Ward MD

Mailing Address 185 Feathergrass Lane

City State Zip Code
Thomasville GA 31792

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Georgia Anes. Assn.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 26 / 2011

Transaction ID : SA11AI.9872

Amount of Each Receipt this Period

150.00

Contribution

Full Name (Last, First, Middle Initial)

B. Timothy Ward MD

Mailing Address 185 Feathergrass Lane

City State Zip Code
Thomasville GA 31792

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Georgia Anes. Assn.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 26 / 2011

Transaction ID : SA11AI.9879

Amount of Each Receipt this Period

150.00

Contribution

Full Name (Last, First, Middle Initial)

C. Timothy Ward MD

Mailing Address 185 Feathergrass Lane

City State Zip Code
Thomasville GA 31792

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Georgia Anes. Assn.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 27 / 2011

Transaction ID : SA11AI.9892

Amount of Each Receipt this Period

150.00

Contribution

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450.00

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Timothy Ward MD

Mailing Address 185 Feathergrass Lane

City State Zip Code
Thomasville GA 31792

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Georgia Anes. Assn.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 27 / 2011

Transaction ID : SA11AI.9946

Amount of Each Receipt this Period

150.00

Contribution

Full Name (Last, First, Middle Initial)

B. Timothy Ward MD

Mailing Address 185 Feathergrass Lane

City State Zip Code
Thomasville GA 31792

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Georgia Anes. Assn.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2011

Transaction ID : SA11AI.9957

Amount of Each Receipt this Period

150.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bradley Wargo MD

Mailing Address PO Box 7868

City State Zip Code
Paducah KY 42002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pain Management Center of Padu

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 08 / 2011

Transaction ID : SA11AI.9869

Amount of Each Receipt this Period

500.00

Contribution

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800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. K. Dean Willis MD

Mailing Address 107 Williams & Broad Drive

City State Zip Code
Brownsboro AL 35741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2011

Transaction ID : SA11AI.9930

Amount of Each Receipt this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Manoj Wunnava MD

Mailing Address 109 Bennington Pkwy

City State Zip Code
Durham NC 27713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Chapel Hill Hospital

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2011

Transaction ID : SA11AI.9963

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3365.00

57076.28

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10426.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 31 2011

Transaction ID : SA17.9996

Amount of Each Receipt this Period

9.35

Monthly earned interest

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10800.47

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 31 2011

Transaction ID : SA17.9997

Amount of Each Receipt this Period

373.65

Dividends earned

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11216.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 31 2011

Transaction ID : SA17.9998

Amount of Each Receipt this Period

416.11

Change in investment

SUBTOTAL of Receipts This Page (optional)..... ►

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799.11

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

11232.29

Date of Receipt

08 / 31 / 2011

Transaction ID : SA17.9999

Amount of Each Receipt this Period

15.71

Monthly earned interest

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

11520.97

Date of Receipt

08 / 31 / 2011

Transaction ID : SA17.10000

Amount of Each Receipt this Period

288.68

Dividends earned

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

11537.01

Date of Receipt

09 / 30 / 2011

Transaction ID : SA17.10001

Amount of Each Receipt this Period

16.04

Monthly earned interest

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.43

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12382.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA17.10002

Amount of Each Receipt this Period

845.67

Dividends earned

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12389.57

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : SA17.10003

Amount of Each Receipt this Period

6.89

Monthly earned interest

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13222.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : SA17.10004

Amount of Each Receipt this Period

833.27

Dividends earned

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1685.83

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

20299.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : SA17.10005

Amount of Each Receipt this Period

7076.86

Change in investment

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

20308.59

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2011

Transaction ID : SA17.10006

Amount of Each Receipt this Period

8.89

Monthly earned interest

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

20603.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2011

Transaction ID : SA17.10007

Amount of Each Receipt this Period

295.34

Dividends earned

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7381.09

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 44

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

20617.57

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2011

Transaction ID : SA17.10022

Amount of Each Receipt this Period

13.64

Monthly earned interest

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

22904.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2011

Transaction ID : SA17.10023

Amount of Each Receipt this Period

2287.08

Dividends earned

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2300.72

12487.18

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2011

Mailing Address 3151 Jackson Street

Transaction ID : SB21B.10008

City	State	Zip Code
Paducah	KY	42003

Amount of Each Disbursement this Period

Purpose of Disbursement
Payment for credit card feesCategory/
Type

980.32

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2011

Mailing Address 3151 Jackson Street

Transaction ID : SB21B.10009

Amount of Each Disbursement this Period

City	State	Zip Code
Paducah	KY	42003

Purpose of Disbursement
Bank service chargeCategory/
Type

4.50

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2011

Mailing Address 3151 Jackson Street

Transaction ID : SB21B.10010

Amount of Each Disbursement this Period

City	State	Zip Code
Paducah	KY	42003

Purpose of Disbursement
Payment for credit card feesCategory/
Type

344.42

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1329.24

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

A. Bantera Bank

Category/
Type

294.21

State: District:

B. Bantera Bank

Category/
Type

3617.12

State: District:

C. Bantera Bank

Category/
Type

78.37

State: District:

3989.70

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

A. Bantera Bank

8607.09

State: District:

B. Bantera Bank

Percentage of people who have ever been in a romantic relationship

143.81

State: District:

C. Bantera Bank

Three digital displays showing the date 11/30/2011 in MM/DD/YYYY format. The first display shows '11' with 'M' and 'M' indicators above it. The second display shows '30' with 'D' and 'D' indicators above it. The third display shows '2011' with 'Y', 'Y', 'Y', and 'Y' indicators above it.

117.37

State: District:

8868.27

[illegible]

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

A. Bantera Bank

3000.49

State: District:

B. Bantera Bank

Three digital displays showing the date 11/30/2011 in MM/DD/YYYY format. The first display shows '11' with 'M' indicators above. The second shows '30' with 'D' indicators above. The third shows '2011' with 'Y' indicators above.

284.09

State: District:

C. Bantera Bank

525.55

State: District:

3810.13

[illegible]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2011

Mailing Address 3151 Jackson Street

City	State	Zip Code
Paducah	KY	42003

Purpose of Disbursement
Change in investment

Candidate Name

Category/
Type**Transaction ID : SB21B.10021**

Amount of Each Disbursement this Period

1016.53

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1016.53

19013.87

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. BEN CHANDLER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

Mailing Address P. O. Box 12678

City	State	Zip Code
Lexington	KY	40508

Purpose of Disbursement
Political Contribution

Candidate Name

A.B. III CHANDLEROffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 06

Transaction ID : SB23.9979

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BEN CHANDLER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

Mailing Address P. O. Box 12678

City	State	Zip Code
Lexington	KY	40508

Purpose of Disbursement
Political Contribution

Candidate Name

A.B. III CHANDLEROffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 06

Transaction ID : SB23.9980

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BOOZMAN FOR ARKANSAS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2011

Mailing Address 322 NORTH BLOOMINGTON SUITE A-B

City	State	Zip Code
LOWELL	AR	72745

Purpose of Disbursement
Political Contribution

Candidate Name

JOHN BOOZMANOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 00

Transaction ID : SB23.9973

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. BUCK MCKEON FOR CONGRESS

Mailing Address 23942 Lyons Ave #105

City	State	Zip Code
Santa Clarita	CA	91321

Purpose of Disbursement
Political Contribution

Candidate Name

HOWARD P 'BUCK' MCKEON

Office Sought:	Disbursement For: 2012
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: CA District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2011

Transaction ID : SB23.9982

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. CRAWFORD FOR CONGRESS

Mailing Address PO Box 16956

City	State	Zip Code
Jonesboro	AR	72403

Purpose of Disbursement
Political Contribution

Candidate Name

ERIC ALAN RICK CRAWFORD

Office Sought:	Disbursement For: 2012
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: AR District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2011

Transaction ID : SB23.9987

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City	State	Zip Code
HOUSTON	TX	77222

Purpose of Disbursement
Political Contribution

Candidate Name

RAYMOND E. 'GENE' GREEN

Office Sought:	Disbursement For: 2012
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2011

Transaction ID : SB23.9974

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. GEORGE ALLEN FOR US SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2011

Mailing Address 2819 NORTH PARHAM ROAD
SUITE 210

City RICHMOND State VA Zip Code 23294

Purpose of Disbursement
Political Contribution

Candidate Name

GEORGE ALLEN

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 00

Transaction ID : SB23.9986

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. GUTHRIE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2011

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement
Political Contribution

Candidate Name

STEVEN BRETT GUTHRIE

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Transaction ID : SB23.9972

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. HOEKSTRA FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2011

Mailing Address 190 MONROE AVENUE NW SUITE 300

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement
Political Contribution

Candidate Name

PETER HOEKSTRA

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 00

Transaction ID : SB23.9995

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. KISSELL FOR CONGRESS

Mailing Address P.O. BOX 1530

City	State	Zip Code
BISCOE	NC	27209

Purpose of Disbursement
Political Contribution

Candidate Name

LARRY W KISSELLOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		22		2011

Transaction ID : SB23.9991

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Mailing Address P.O. Box 490

City	State	Zip Code
St. Joseph	MI	49085

Purpose of Disbursement
Political Contribution

Candidate Name

FREDERICK STEPHEN UPTONOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2011

Transaction ID : SB23.9981

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. WOMACK FOR CONGRESS COMMITTEE

Mailing Address PO BOX 508

City	State	Zip Code
ROGERS	AR	72757

Purpose of Disbursement
Political Contribution

Candidate Name

STEVE WOMACKOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2011

Transaction ID : SB23.9978

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00

47000.00
